

**SELECTION  
COMMITTEE  
APPLICATION**



DD No	Name of Bank / Branch	Date	Amount
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**APPLICATION FORM FOR ADMISSION TO**

**POST DOCTORAL FELLOWSHIP COURSE IN MINIMAL ACCESS SURGERY 2017-2018 SESSION**

<p><b>AR NO</b> <input style="width: 150px; height: 20px;" type="text"/></p> <p>(To be assigned by the Selection Committee)</p>	<p>SPACE FOR PHOTOGRAPH WITH NAME AND DATE</p>
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1.	Name (in Capital Letters with Initials at the end)	
2.	a. Mailing Address	
		Pin Code:
	b. Contact Telephone No with STD Code Mobile Number	
	c. Email ID	
3.	Date and Place of Birth	
4.	Sex ( Please Tick)	1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/>
5.	a. Nationality ( Please Tick )	1. INDIAN <input type="checkbox"/> 2. OTHERS <input type="checkbox"/>
	b. Nativity ( Please Tick )	1. TAMIL NADU <input type="checkbox"/> 2. OTHERS <input type="checkbox"/>
	c. Mother Tongue (Please refer Prospectus)	..... <input type="checkbox"/>
6.	Religion	
7.	a. Community	
	b. Sub Caste with Code No (Please refer Prospectus)	
	c. Sl.No. & Date	
	d. Issuing Officer's Designation	
	e. Issuing Office	

8. Qualification : M.S.General Surgery

Course M.S. General Surgery	Name of the College Studied		Final Year University Examination 1st Appearance Register No	Name of the University			
9	Is the College in which Degree/ Diploma studied recognized by Medical Council of India. ( Please tick)		YES / NO				
10	a. Permanent Medical Council Registration Number and date						
	b. Name of the State Medical Council in which registered and date						
	c. Whether additional qualification is registered						
<b>11</b>	<b>NEET SS DETAILS</b>	<b>NEET ID</b>	<b>NEET-SS - (Gen.Surgery)SCORE</b>				
12	Number of Attempts for Passing Post Graduate Degree examination.						
13	Whether you are undergoing PG Degree / Diploma/ 6 years MCh (Neurosurgery) / any other Equivalent.		YES	NO			
14	a. Present Occupation (Refer Prospectus) ( Please Tick )		TN GOVERNMENT SERVICE		NON SERVICE		
	b. If working in state Government working under ( Please Tick )		State Government		Local bodies		
	c. If working under state Government Selected under ( Please Tick )		TNP SC	MRB		10 a (i)	Contract Medical Consultant
				Competitive Written Examination	Walk in selection		
	d. If selected by TNPSC/MRB (Through Competitive Written Examination) state Register Number & Year of selection		Register Number		Month & Year of Selection		

Date :

Signature of the Candidate

## **DECLARATION**

**To be filled in by all candidates**

I, Dr \_\_\_\_\_ do hereby solemnly affirm that the statement made and information furnished in my application form and in all the enclosures thereto submitted by me are true. Should it however be found that any information furnished therein is untrue in particulars, or there has been suppression of facts I realize that I am liable for criminal prosecution and I also agree to forego my seat in the College at any time during the course of my study.

Station: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of the Candidate

**SERVICE PROFORMA : ( To be filled by the forwarding authority )**

1	Name of the Medical Officer						
2	Designation						
3	Date of entry into Government Service a. under 10a (i) / as Contract Medical Consultant b. as TNPSC candidate c. as MRB candidate(Through Competitive Written Examination) d. as MRB Candidate (Walk in Selection)						
4	Total period of Regular Service as on 30.06.2017 Completed Years)						
5a.	Whether selected by TNPSC / MRB/ under 10a (i) / Contract Medical Consultant ( Please Tick )	TNPSC	MRB		Selected under 10 a(i)	Contract Medical Consultant	
			Through Competitive Written Examination	Walk in Selection			
5b.	If selected by TNPSC /MRB(Through Competitive Written Examination) , State month & year of selection . (Proof to be enclosed )						
6	Name of the appointing authority						
7	Service status ( Please Tick )	Temporary	Probationer			Approved Probationer	
8	Status of the Institution (Please Tick )	State Government			Local Bodies		
		DME	DMS	DPH			
9	Complete service particulars till date	Sl No	Post	Place	From	To	Total
10	Whether the candidate is under any subsisting contractual obligation, if so give details. } _____	YES / NO					
11	Present Stati } in which the candidate is working with address.						

*( To be furnished in 3 separate sheet in the format duly signed by the forwarding authority )*

Date : \_\_\_\_\_  
 Fax number of the forwarding Office } \_\_\_\_\_  
 Signature of the Forwarding Officer with office Seal and Date  
 Phone no of forwarding Officer  
 Note: the above particulars should be verified scrupulously and in the event of any false information found later, the forwarding officer will be held responsible.  
**Office Seal**